Creating Draft Plan & Modifying Services for a Current Plan
Quick Reference Guide

MWMA

This document explains the process of adding a new goal or objective, modifying a service, adding a new service, and modifying non-waiver services in a current Plan.

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1. Creating Draft Plan

Within MWMA, the Plan of Care (POC) module enables person-centered service selection and planning processes for creating and executing an Individual's Plan of Care. When creating a new Plan of Care for an Individual, the first screen that must be completed is the 'Create Draft Plan' screen. The program for which this Plan is being created is displayed at the top of the screen, as well as the associated Level of Care End Date, if the LOC has been marked as 'Met'. Additionally, for all programs except Model II, at least one instance of a Case Management or Support Broker must be present on all Plans. This update may necessitate updates to the Plan if the Plan is associated with the LOC Assessment that has been updated. Also, a task will be generated **40 days** prior to the current LOC/POC end date to prompt completion of the new Plan of Care.
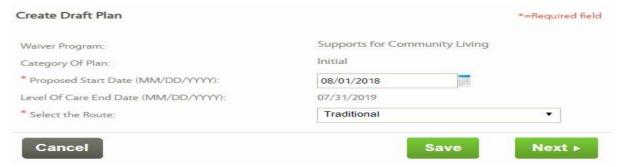
Please note: After November 22nd, 2019, the MAP-350 will no longer required to be uploaded in the Plan of Care module for any user.

1. Review the **Proposed Start Date**.

When creating the Individual's Plan of the Individual, the user should not update the Proposed Start Date of the Plan unless required. If the Proposed Start Date of the Plan is modified to start later than the LOC Start Date, the user requesting such modification will see a pop-up message indicating that changing the Proposed Start Date of the Plan means that the Individual cannot request services before the updated date, even if permission for backdating of a service is later granted.

If for some reason the Individual cannot or should not request services for the entire LOC period, service request dates should be updated to reflect the correct dates the Individual is requesting the service. Even if there are no services requested at the beginning of the LOC year, the Proposed Start Date for the Plan of Care does not need to be updated.

2. Select the **Route**.

3. Select **Next** and continue through the remainder of the screens to add all other required information and submit the Plan for review.

Please note: After November 22nd, 2019 following completion of Case Supervisor review and/or any review for conflict and/or exceptional supports, if applicable, if a service does not require any further review by the CHFS Internal Reviewer, the service can be systematically approved based on what is requested. Only specific services will require additional review beyond any needed Case Supervisor or CMA Internal Review. All services requiring CHFS review can be found in Services Requiring CHFS Review QRG.

2. Overview of Plan Modifications

After a Plan Reviewer reviews the Plan and it becomes "Current," the Case Manager can access the current Plan and make modifications to it. The Individual's needs may necessitate that the Case Manager completes any of the following modifications to the Individual's Plan:

- Add a new goal
- Add a service
- Update the service rates and units
- Modify a service end date
- Modify a non-waiver service
- Void a service
- Update the employee details for a PDS service
- Cancel a service

Be aware that modifications to an Individual's Plan can have an impact on service authorizations and billing. The Case Manager should consult with potentially impacted providers about claims as necessary.
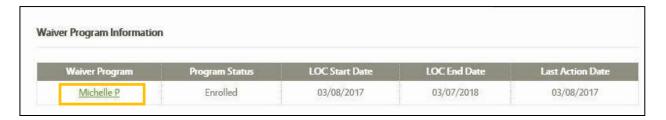
3. Adding Goals and Objectives

The Case Manager or Case Supervisor can add or delete goals and objectives as applicable within the Plan. Modifications to goals and/or objectives included on the Plan do not require approval from the Plan Reviewer, and therefore, once these updates are saved, the Plan updates to reflect these changes.

Once a goal becomes associated with a service that has been approved, it can be modified, but **NOT** deleted.
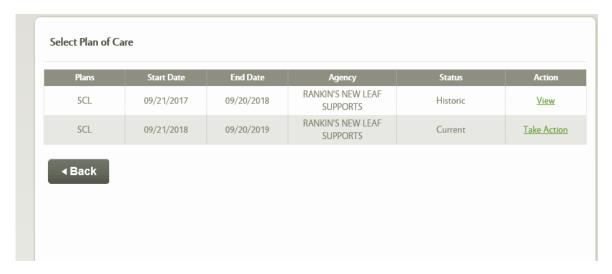

1. From the **MWMA Dashboard**, access the Individual's **Individual Summary** screen.
2. In the *Waiver Program Information* section of the **Individual Summary** screen, click the hyperlinked **Waiver Program**.

3. On the Program Summary screen, click Manage Plan of Care in the Program Action navigation panel.

4. On the **Select Plan of Care** screen, the hyperlink in the *Action* column can be used to select the appropriate Plan for which a modification is needed.

Select Plan of Care

Plans	Start Date	End Date	Agency	Status	Action
SCL	09/21/2017	09/20/2018	RANKIN'S NEW LEAF SUPPORTS	Historic	View
SCL	09/21/2018	09/20/2019	RANKIN'S NEW LEAF SUPPORTS	Current	Take Action

◄ Back

5. Click **Manage Plan** in the **Plan of Care Main Menu**.

Plan of Care Main Menu

Initiate Plan

ManagePlan

Perform Annual Plan of Care

View Plan History

Print Plan

Manage Reconsideration

6. To update/add Goals and Objectives, the user must navigate to the **Goals** screen. Click **Next** on the **Create Draft Plan** screen**.**

7. Click **Next** on the **View Plan Details** screen**.**

Add an Objective to an Existing Goal

1. Select the radio button of the goal you would like to modify.
2. Click **View/Edit**.

3. To add an objective to an existing goal, click **Add Objective**.

4. Another *Objectives* section expands. Enter an **objective** in the second *Objective* field.
5. Select the radio button to identify the objective recurrence in the *Objective Recurrence* field.
6. Enter the **date** in the *Date Objective Developed* field.
7. Select a **status** from the *Objective Status* drop-down.
8. Click **Save**.

Please Note*: If there are any non-recurring objectives included on the Plan, MWMA will trigger an "Update Objective Status" task once the target completion date is in the past if the status is still listed as 'In Progress'. If you receive this task, please update the past-dated, 'In-Progress', non-recurring objective to 'Completed', 'Partially Completed' or 'Not Applicable'*

Add a Goal

1. **Do not** select a radio button next to a goal. Click **Add**.
2. Enter a **goal** in the *Goals* field.
3. Enter an **objective** in the *Objective* field.
4. Select the radio button to identify the recurrence in the *Objective Recurrence* field.
5. Enter the **date** in the *Date Objective Developed* field.
6. Select the **objective status** from the *Objective Status* drop-down.
7. Click **Save**.
8. The updated *Goals* table displays.
9. Click **Next**.
10. Continue through the rest of the screens in the Plan until you have saved all changes. If the user is only updating goals and objectives, the Plan saves and is not sent to the Plan Reviewer for approval.

4. Modifying a Service in a Current Plan

Modifying a service in a current Plan includes updating the goals and objectives related to a service, service units and rates, employee(s) (if applicable), service delivery location, etc.

Please Note: *Starting March 3, 2018, users may modify Plans and service information even if it is on a Plan that is already marked 'Historic', if the action is within **14 days** of the Individual's LOC End Date. Follow the same processes described throughout this document for other Plan modifications and the Plan status will update from 'Historic' as required so those modifications can be submitted for review. Going forward, Plans will not change to 'Historic' until all review processes are complete and the Plan is 'Current' or until **45 days** after the LOC End Date, whichever is first.*

1. From the **MWMA Dashboard**, access the Individual's **Individual Summary** screen.
2. In the *Waiver program Information* section of the **Individual Summary** screen, click the hyperlinked **Waiver Program**.
3. Click Select **Plan of Care** and select the Plan of Care user wants to modify.

4. Click **Manage Plan** in the **Plan of Care Main Menu**.

5. Review and click next through the following screens:
   - Create A Draft Plan
   - View Plan Details
   - Goals

Please Note: *The **Service Details** screen displays details of the services that are part of an Individual's current Plan. The user is unable to update a service unit or rate once it has been authorized. **The user must end date the current service and create a new service with the proper information if service details are to be updated.** End dating the current service allows the user to end the old version of the service and create a new, updated version of the service. This new service may be reviewed by the Plan Reviewer*, if required.

6. Click the **radio button** for the service that requires modification.
7. Click **View/Edit**.

8. Modify the service details as applicable including the following sections:
    1. Related Goals and Objectives
    2. Service Employee(s) (if applicable)
    3. Service Delivery Location
    4. Service Needs Assessment
    5. New Service Comment
9. Click **Save**.
    Click **Next**.

Please Note: Though goals and objectives can be added to the Plan of Care, previously-authorized services cannot be updated with new goals/objectives. For new goals/objectives to be added to previously approved services, the service needs to be ended and a new version of the service added.

10. Continue to review the remaining screens of the Plan.
11. After modifying the service, the **Submit Plan** screen displays. This is a result of making modifications to the service and indicates that the Plan must be submitted again. Respond to the questions and enter the **Case Manager Name** in the *Case Manager First Name* and *Case Manager Last Name* fields and the **Individual Name** in the *Individual's First Name* and *Individual's Last Name* fields.
12. Click **Submit Plan.**

5. End Dating a Service

Users must first manually end-date a service if they wish to update or modify any of the following service details:

1. Units
2. Frequency
3. Dates

The system prompts a Notice of New Service Creation pop-up if the user is updating the following service details:

4. Adding an employee
5. Removing an employee

Please note: adding an actual end date even if for a future date will remove the ability to add, remove, or modify employees.

For more information regarding removing and adding an employee, please refer to the P*lan: Multiple Employees per PDS Service Job Aid.*

1. Select the **radio button** next to the service you wish to edit and click **View/Edit**.

Select	Service Name	Setting	Service Start Date	Service End Date	Total Prior Authorized Units/Frequency	Provider Number	Status	Prior Authorized Date
●	Home and Community Supports - Homemaker	Home	05/17/2017	11/17/2017	4.00 units/Week		Prior Authorized	05/17/201

| View/Edit | Delete | Associate Provider | Add | Current PA Information |

2. The service details expand. Scroll to the *Service Actual Start* and *End Date* section and enter the **end date** in the *Actual End Date* with **an appropriate reason** in the *Specify Reason Service End* field.
3. Click **Save**.

If the user is requesting the authorization details for this service to be adjusted (so they can be utilized by another provider):
In the *Service End Comments* field, enter full details for why the service is ending.

If the user is just end dating the service, and not modifying it:

1. Review the remaining screens of the Plan.
2. After modifying the service the **Submit Plan** screen displays. This is a result of making modifications to the service and indicates that the Plan must be submitted again for review. Respond to the questions and enter the **Case Manager Name** in the *Case Manager First Name* and *Case Manager Last Name* fields and the **Individual Name** in the *Individual's First Name* and *Individual's Last Name* fields.
3. Click **Submit Plan**.

If the user is modifying a service:
Add the service that was end dated with the new information (units, frequency, dates). Follow the steps outlined in **5. Adding a New Service to a Current Plan**, starting with step 6.

6. To Request a Void to a Service:

1. Select the **radio button** next to the service you wish to void and click **View/Edit**.
2. Do not enter a date in the end date field, scroll down to *New Service Comments*, enter a comment stating the reason the service should be voided, and click **Save**.
3. Click next and continue to submit plan.

After November 22nd 2019, in addition to the above steps, any user requesting to void a service must also send an email to DMS describing what service is to be voided. The email should be sent to 1915cwaiverhelpdesk@ky.gov and should have "Void Request" included in the subject line.

Only Prior Authorized services that are not awaiting CHFS review can be requested to be voided. When voided, the service will still display on-screen to users, but all prior authorized details, such as Prior Authorization Start and End Dates, are cleared and the service is no longer considered when determining service limits, totals, conflict, etc. This allows the Plan Reviewer to remove services in scenarios where the provider never billed for the service and doesn't plan to bill for the service, such as in case of mistaken data entry that will be rectified with the addition of a new service on the Plan.

7. Adding a New Service to a Current Plan

1. From the *MWMA Dashboard*, access the Individual's **Individual Summary** screen.
2. In the *Waiver Program Information* section of the **Individual Summary** screen, click the hyperlinked **Waiver Program**.
3. Click **Manage Plan of Care** under *Program Action*.
4. Click **Manage Plan** in the **Plan of Care Main Menu**.
5. Review and click next through the following screens:
   - Create Draft Plan
   - View Plan Details
   - Goals
6. Click **Add** on the **Service Details** screen.

Please Note: After November 22nd, 2019, services cannot be deleted after the Plan has been submitted. Up until the service is first submitted, the user can delete a service. After submission, Case Managers can only 'Cancel' services up until the point when a Prior Authorization decision is entered. Once a service is 'Cancelled' and the service is saved, the action cannot be undone by any user.

Plan: **Michelle P**

Plan Status: **Current**

* Primary Caregiver Information   name 1

* CDO Representative Information   name 2

Select	Service Name	Setting	Service Start Date	Service End Date	Total Prior Authorized Units/Frequency	Provider Number	Status	Prior Authorized Date
○	Goods and Services		04/19/2017	04/19/2017	1.00 units/Week		Prior Authorized	04/18/2017

View/Edit   **Delete**   **Associate Provider**   **Add**   **Current PA Information**

7. Select the **service type** from the *Service Type* drop-down.
8. Select a **service** from the *Service Name* drop-down.
9. Click **Add Selected Service**.

PDS Service:

Traditional Service:
    a. For traditional services, click **Search**.
    b. For traditional services, select the **radio button** to the left of the selected provider agency.
    c. Click **Add Selected Service**.

Please Note: The Plan route automatically updates based on the services added to the Plan. For instance, if a user selects the PDS route but adds a Traditional service, MWMA prompts a pop-up informing the user that the route has been updated to Blended.

10. Enter service details on the **Service Details** screen including the following sections:
    1. Related Goals and Objectives
    2. Service Units and Rates
    3. Service Employee (if applicable)
    4. Proposed Service Start Date
    5. Days of Service Delivery
    6. Service Delivery Location
    7. Service Actual Start and End Date. *Please do not edit this information unless requesting a change*
    8. Service Needs Assessment
    9. New Service Comment

11. After completing the **Service Details** screen, click **Save.**
12. Click **Next.**

13. Continue to review the remaining screens in the Plan module.

14. After user reviews all screens in the plan module, the **Submit Plan** screen displays. This is a result of making modifications to the service and indicates that the Plan must be submitted again for review to the appropriate party. Respond to the questions and enter the **Case Manager Name** in the *Case Manager* Frist Name and Case Manager Last Name fields and the **Individual Name** in the *Individual's* First Name and Individual's Last Name fields.

15. Click **Submit Plan**.

*Please note: **After November 22nd, 2019, the 'Submit Screen'** will be modified to now include an error banner if a technical error is returned from MMIS upon POC submission.*

Plan of Care Main Menu

Technical Error 'Timeout Exception Occurred'. Please wait and re-submit at a later time

Create Draft	**Submit Plan** *=Required field
View Plan Details	
Goals	Plan: **Home and Community Based**
Service Details	Plan Status: **Draft**
Non-Waiver Program	Waiver Program: **HCB**
Service Summary	Category of Plan: **Initial**
Upload Documents	Proposed Start Date (MM/DD/YYYY): **01/01/2017**
Submit Plan	Level Of Care End Date (MM/DD/YYYY):

* Individual has given approval to share plan: ○ YES   ○ NO

* Individual, Authorized Representative ,and/or Legal Guardian has signed the Plan signature sheet   ○ YES   ○ NO

* The Case Manager acknowledges their responsibility for monitoring the plan on an ongoing basis: ○ YES   ○ NO

* The Case Manager acknowledges their responsibility to print and distribute the plan to the individual, family member, Legal Guardians, Authorized Representatives and anyone else involved in the development of the plan: ○ YES   ○ NO

*The Case Manager has signed the Plan Signature Sheet: ○ YES   ○ NO

8. <u>Resolving Errors On Screen</u>

For all services where a "Success" response is received from MMIS with a Prior Authorization (PA) number, the PA number is saved, and the service status is updated to 'Prior Authorized'.

In case an error is received from MMIS, the error message will be displayed on screen and no PA number will be returned. Depending on what error is returned, the user may be able to click **'Modify Services'** to navigate back to the Service Details screen to update services. If the service cannot be updated, refer to the instructions in error message. Once on the Services Details screen, the user will be shown an error status (from the Services Summary screen) for each service that needs to be modified. The user can then select the service that needs to be modified and click the view/edit button to make changes to the service.

Once modifications are made, the user can use the Submit POC screen for re-submission.

Service Details

*=Required field

✔ = Success

✘ = Needs Review

Plan: **Supports for Community Living**

Plan Status: **Pending QIO Review**

* Primary Caregiver Information   khjjhjh

Select	MMIS Response	Service Name	Prior Authorization Number	Procedure Code	Modifier	Service Start Date	Service End Date	Total Prior Authorized Units/Frequency	Provider Number	Status
○	✔	Supported Employment (PCJS DISCOVERY)	777	T2019	HI	01/04/2017	12/24/2017		33000159	Draft
○	✔	Case Management	778	T2022	UA	01/04/2017	12/24/2017		33000159	Draft
○	✔	Day Training (Exceptional Rate)	779	T2021	HI	01/04/2017	12/24/2017		33000159	Draft
○	✘	Personal Assistance		T1019	UA	01/04/2017	12/01/2017		33001280	Draft

View/Edit   **Current PA Information**

Total Plan Of Care Cost Requested: $192999.56

Total Participant Directed Service Cost: $0

Total Traditional Services Cost: $192999.56

Error 'Overlap in Service Dates' returned from MMIS for Service 4. Please update and re-submit

◉ Service and Provider Information

Service Name:	Attendant Care
Service ID:	Service 4
Service Procedure Code:	580
Provider Name:	
Provider Number:	

◯ Related Goals and Objectives

◯ Service Units and Rate

◯ Service Needs Assessment

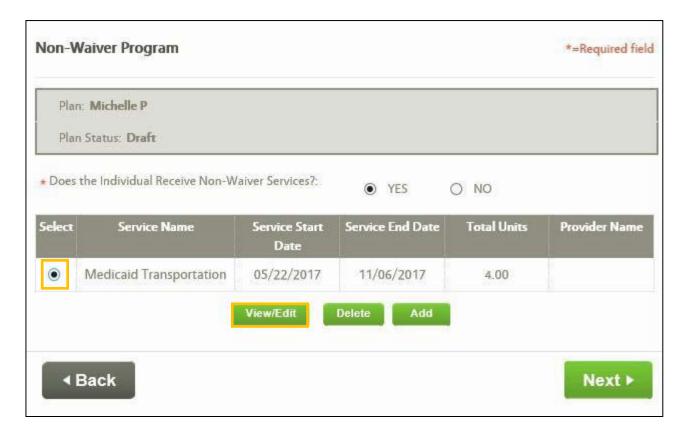◯ New Service Comments

◀ Back   Save   Next ▶

Please refer to Resolving MMIS Errors on Screen Quick Reference Guide for more detailed information.
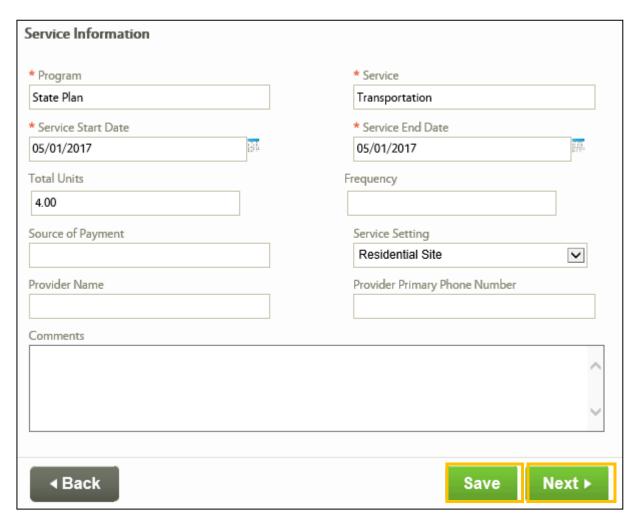
9. Modifying Non-Waiver Services

Non-Waiver Services are services that are part of the agreed upon Plan that the Individual is receiving outside of HCBS Waiver funding and are entered to provide the full Plan.

1. From the *MWMA Dashboard*, access the Individual's **Individual Summary** screen.
2. In the *Waiver program Information* section of the **Individual Summary** screen, click the **Waiver Program**.
3. Click **Manage Plan of Care** under *Program Action*.
4. Click **Manage Plan** in the **Plan of Care Main Menu**.
5. Review and click next through the following screens:
   - Create Draft Plan
   - View Plan Details
   - Goals
   - Service Details
6. To edit details related to non-waiver services, select the **radio button** to the left of the non-waiver service.
7. Click **View/Edit**.

Non-Waiver Program					*=Required field

Plan: **Michelle P**

Plan Status: **Draft**

* Does the Individual Receive Non-Waiver Services?: ● YES   ○ NO

Select	Service Name	Service Start Date	Service End Date	Total Units	Provider Name
●	Medicaid Transportation	05/22/2017	11/06/2017	4.00	

View/Edit **Delete** **Add**

◄ Back   **Next ►**

8. Edit the **Service Information** section as needed, including **Program, Service, Service Start Date, Service End Date, Total Units, Frequency, Source of Payment, Service Setting, Provider Name, Provider Primary Phone Number,** and **Comments**.
9. Click **Save**.
10. Click **Next**.

Service Information

* Program	* Service
State Plan	Transportation
* Service Start Date	* Service End Date
05/01/2017	05/01/2017
Total Units	Frequency
4.00	
Source of Payment	Service Setting
	Residential Site
Provider Name	Provider Primary Phone Number

Comments

◄ Back   Save   Next ►

11. Continue through the rest of the screens in the Plan module until all changes are saved. **If the user is only adding non-waiver services, no additional review is needed.**

10. New Validations in MWMA

After November 22nd, **2019**, in addition to the existing validations in MWMA, the following validations will be newly considered:

1. Only one (1) financial management provider can be included on a Plan for a given date. If there are multiple PDS services spanning the same date range on one Plan, the same FMA provider must be selected for all overlapping PDS services.

2. Only one (1) residential service can be requested/authorized for a given date, it cannot overlap with any other residential service

3. Frequency of service delivery for Case Management services is restricted to 'Monthly' frequency type. Each request for Case Management (i.e., each unique Plan Service record) cannot be requested for more than 1 unit per month. This will be auto-populated on the screen and won't be editable by any user.

4. Plans containing a 'Community Guide' service must also include some other PDS service. 'Community Guide' services cannot be the only PDS services included on a Plan.